

Fax: (314)539-6103

FBA COST-PER-COPY SERVICE TASK REQUEST  
Region No. 3, St. Louis, MO

Date:		Type (check one): <input type="checkbox"/> New <input type="checkbox"/> Relocation <input type="checkbox"/> Removal	
Customer Agency:			
Address:			
(Street)	(City)	(State)	(Zip)
Copier Location:		Room:	
Contact Person:			
(Name)		(Phone)	
Copier Information:			
(Make)	(Model)	(Volume Band)	(Estimated Monthly Copies)
Requested Install Date:		Period of Service: <u>Installation through Sept 30, 2002</u>	
Discontinuance Charge (check one): <input type="checkbox"/> 1) One to three times the cost of MMV or flat rate; <u>or</u> , <input type="checkbox"/> 2) 50% of MMV or flat rate for remaining months in period of service			
Customer Billing Address:			
Funding Approval: _____			
(Signature)		(Title)	(Phone)
Comments			
*****			
For FBA use only:			
Zone:	FBAOrder Number:	Date:	
Vendor & Fax: :	Contract No.:		
From: _____			
(Signature)	(Title)	(Phone)	
*****			
For vendor use only (please fax completed information <u>with</u> copy of installation report):			
Serial No.:	Meter Reading:	Installation Date:	